

<i>SERFF Tracking Number:</i>	<i>BFLI-127109197</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Bankers Fidelity Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>48388</i>
<i>Company Tracking Number:</i>	<i>AR B 0212 HSR</i>		
<i>TOI:</i>	<i>H14I Individual Health - Hospital Indemnity</i>	<i>Sub-TOI:</i>	<i>H14I.000 Health - Hospital Indemnity</i>
<i>Product Name:</i>	<i>Health Screening Rider</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: Bankers Fidelity Life Insurance Company

Product Name: Health Screening Rider      SERFF Tr Num: BFLI-127109197      State: Arkansas  
 TOI: H14I Individual Health - Hospital Indemnity      SERFF Status: Closed-Approved-Closed      State Tr Num: 48388

Sub-TOI: H14I.000 Health - Hospital Indemnity      Co Tr Num: AR B 0212 HSR      State Status: Approved-Closed  
 Filing Type: Form      Reviewer(s): Rosalind Minor

Disposition Date: 04/05/2011

Authors: Jill Jones, Bridgett  
 Williams, Tina Cunningham, Lyn  
 Ezell, T. Allen Park, Sharon White,  
 Ron Crow, Norma Christopher  
 Date Submitted: 04/01/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval  
 State Filing Description:

Implementation Date:

## General Information

Project Name:  
 Project Number:  
 Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending  
 Date Approved in Domicile:  
 Domicile Status Comments: submitted to  
 Georgia DOI 03-18-2011

Explanation for Combination/Other:  
 Submission Type: New Submission  
 Overall Rate Impact:

Market Type: Individual  
 Individual Market Type:  
 Filing Status Changed: 04/05/2011  
 State Status Changed: 04/05/2011

Deemer Date:  
 Submitted By: Tina Cunningham  
 Filing Description:

Created By: Tina Cunningham  
 Corresponding Filing Tracking Number:

This optional rider provides benefits for certain diagnostic tests, up to a calendar year maximum benefit selected by the applicant. This is a new form and will not replace any previously approved form. The rider will be marketed in conjunction with previously approved accident only, specified disease - cancer expense and disability income policies, which are listed on the Forms Use List attached to the Supporting Documentation Tab. This rider will be solicited by personally producing, licensed and contracted agents and brokers. An actuarial memorandum demonstrating cost and benefit structure is included for your review.

SERFF Tracking Number: BFLI-127109197 State: Arkansas  
Filing Company: Bankers Fidelity Life Insurance Company State Tracking Number: 48388  
Company Tracking Number: AR B 0212 HSR  
TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity  
Product Name: Health Screening Rider  
Project Name/Number: /

## Company and Contact

### Filing Contact Information

Tina Cunningham, Compliance Analyst L1 tcunningham@atlam.com  
4370 Peachtree Road NE 404-266-5723 [Phone]  
Atlanta, GA 30319 404-926-4092 [FAX]

### Filing Company Information

Bankers Fidelity Life Insurance Company CoCode: 61239 State of Domicile: Georgia  
4370 Peachtree Rd NE Group Code: 587 Company Type: Life & Health  
Atlanta, GA 30319 Group Name: 61239 State ID Number:  
(404) 266-5600 ext. [Phone] FEIN Number: 58-0658963

## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? Yes  
Fee Explanation: 2 forms @ \$25.00 each  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Bankers Fidelity Life Insurance Company	\$50.00	04/01/2011	46183259
Bankers Fidelity Life Insurance Company	\$50.00	04/04/2011	46233763

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/05/2011	04/05/2011

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	04/04/2011	04/04/2011	Tina Cunningham	04/04/2011	04/04/2011

<i>SERFF Tracking Number:</i>	<i>BFLI-127109197</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Health Screening Rider</i>		
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## Disposition

Disposition Date: 04/05/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: BFLI-127109197 State: Arkansas

Filing Company: Bankers Fidelity Life Insurance Company State Tracking Number: 48388

Company Tracking Number: AR B 0212 HSR

TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity

Product Name: Health Screening Rider

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Form	Health Screening Rider	Approved-Closed	Yes
Form	Outline of Coverage	Approved-Closed	Yes

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Product Name: Health Screening Rider  
Project Name/Number: /

## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 04/04/2011

Submitted Date 04/04/2011

Respond By Date

Dear Tina Cunningham,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health Screening Rider, B 0212 HSR (Form)
- Outline of Coverage, B 0212 HSR OC (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$100.00. Please submit an additional \$50.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

SERFF Tracking Number: BFLI-127109197 State: Arkansas  
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Product Name: Health Screening Rider  
Project Name/Number: /

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 04/04/2011  
Submitted Date 04/04/2011

Dear Rosalind Minor,

### Comments:

### Response 1

Comments: An additional amount of \$50.00 has been submitted.

### Related Objection 1

Applies To:

- Health Screening Rider, B 0212 HSR (Form)
- Outline of Coverage, B 0212 HSR OC (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$100.00. Please submit an additional \$50.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

*SERFF Tracking Number:*      *BFLI-127109197*                      *State:*                      *Arkansas*  
*Filing Company:*              *Bankers Fidelity Life Insurance Company*              *State Tracking Number:*              *48388*  
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*TOI:*                      *H14I Individual Health - Hospital Indemnity*              *Sub-TOI:*                      *H14I.000 Health - Hospital Indemnity*  
*Product Name:*              *Health Screening Rider*  
*Project Name/Number:*              /  
**Bridgett Williams, Jill Jones, Lyn Ezell, Norma Christopher, Ron Crow, Sharon White, T. Allen Park, Tina Cunningham**

SERFF Tracking Number: BFLI-127109197 State: Arkansas

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Product Name: Health Screening Rider

Project Name/Number: /

## Form Schedule

### Lead Form Number: B 0212 HSR

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 04/05/2011	B 0212 HSR	Policy/Cont Health Screening ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		45.500	B 0212 HSR.pdf
Approved-Closed 04/05/2011	B 0212 HSR OC	Outline of Coverage Coverage	Initial		46.600	B 0212 HSR OC.pdf

# **BANKERS FIDELITY LIFE INSURANCE COMPANY**

Atlanta, Georgia

## **HEALTH SCREENING RIDER**

This Rider is attached to and made a part of the Policy as of the Effective Date for this Rider shown on Page 3 of the Policy. It is issued in consideration of the answers contained in the application and the timely payment of premiums.

The benefits provided by this Rider are in addition to and exclusive of any of the benefits provided by the Policy to which this Rider is attached. With respect only to the specific benefits provided by this Rider, the terms and conditions of this Rider take precedence over any exclusion or limitation or maximum benefit amount in the Policy to which it is attached that would prevent, limit, change or reduce payment of the benefits herein. Otherwise, except as stated herein, the definitions and provisions of the Policy to which it is attached apply to this Rider. The terms and conditions of this Rider do not affect, change, reduce, limit or eliminate any of the benefits provided by the Policy.

### **DEFINITIONS**

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**CALENDAR YEAR** - the period beginning at 12:00 a.m. Standard Time January 1st at Your residence and ending at 11:59 p.m. Standard Time December 31st.

**CALENDAR YEAR MAXIMUM BENEFIT** - the total amount payable under this Rider during a Calendar Year for the specified benefit shown below. Once We have paid the Calendar Year Maximum Benefit no further benefits will be payable under this Rider for the remainder of the Calendar Year.

**COVERED PERSON(S)** - the person(s) insured under this Rider. This(These) person(s) is(are) named on Page 3 of the Policy as the Insured and other Covered Persons, if any. All eligible dependent children are counted as one Covered Person for the purposes of this Rider.

**EFFECTIVE DATE** - is shown on Page 3 of the Policy. It is the date coverage begins. It starts at 12:00 a.m., Standard Time, at the Insured's residence.

### **BENEFITS**

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After this Rider has been in force for a continuous period of twelve (12) months, We will pay the actual charges up to the Calendar Year Maximum Benefit of \$[100-200] for each Covered Person, when the Covered Person is given any of the following examinations or tests, which has been recommended by or performed under the supervision of a Physician:

Blood Test for Triglycerides	Electrocardiogram
Bone Marrow Testing	Electroencephalogram
Breast Ultrasound	Endoscopy
CA 15-3 (blood test for breast cancer)	Fasting Blood Glucose Test
CA 125 (blood test for ovarian cancer)	Flexible Sigmoidoscopy
Cardiac Stress Test	Hemoccult Stool Analysis
CEA (blood test for colon cancer)	Mammography
Chest X-ray	Pap Smear
Colonoscopy	PSA (blood test for prostate cancer)
Complete Blood Count	Serum Cholesterol Test to determine level of HDL and LDL
Cystoscopy	Serum Protein Electrophoresis (blood test for myeloma)
Echocardiogram	Thermography

## **LIMITATIONS AND EXCLUSIONS**

---

Benefits under this Rider are not payable until this Rider has been in force for a continuous period of twelve (12) months.

Benefits are not payable for examinations or tests for which no charge is normally made in the absence of insurance.

## **TERMINATION**

---

Benefits under this Rider will terminate for each Covered Person on their 65<sup>th</sup> birthday.

This Rider will terminate on the earliest of the following events:

1. the date on which benefits have terminated for all Covered Persons based on their attaining age 65;
2. termination of the Policy to which it is attached;
3. Your failure to pay any premium due for this Rider; or
4. Your written request for termination.

In witness of the above, BANKERS FIDELITY LIFE INSURANCE COMPANY has caused this Rider to be signed by its President.

A handwritten signature in black ink, appearing to read "Eugene Cho", is positioned above the title "President".

President

**Retain  
This  
Outline  
for Your  
Records**

**BANKERS FIDELITY LIFE INSURANCE COMPANY**  
4370 Peachtree Road, NE, Atlanta, Georgia 30319 404-266-5600 800-241-1439

**OUTLINE OF COVERAGE – OPTIONAL RIDER**  
**Health Screening Rider – Form B 0212 HSR**

- (1) **READ YOUR POLICY CAREFULLY** - This Outline of Coverage provides a very brief description of the important features of the optional Health Screening Rider. This is not the insurance contract and only the actual policy provisions, along with those in the Rider, will control. The policy itself sets forth in details the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

The benefits provided by the Rider are in addition to and exclusive of any of the benefits provided by the Policy to which the Rider is attached. With respect only to the specific benefits provided by the Rider, the terms and conditions of the Rider take precedence over any exclusion or limitation or maximum benefit amount in the Policy to which it is attached that would prevent, limit, change or reduce payment of the benefits herein. Otherwise, except as stated herein, the definitions and provisions of the Policy to which it is attached apply to the Rider. The terms and conditions of the Rider do not affect, change, reduce, limit or eliminate any of the benefits provided by the Policy.

- (2) **BENEFITS** - After the Rider has been in force for a continuous period of 12 months, We will pay the actual charges up to the Calendar Year Maximum Benefit for each Covered Person, when the Covered Person is given any of the following examinations and tests, which has been recommended by or performed under the supervision of a Physician:

**Calendar Year Maximum Benefit Applied For (check one only):** ☐ \$100 ☐ \$200

Blood Test for Triglycerides  
Bone Marrow Testing  
Breast Ultrasound  
CA 15-3 (blood test for breast cancer)  
CA 125 (blood test for ovarian cancer)  
Cardiac Stress Test  
CEA (blood test for colon cancer)  
Chest X-ray  
Colonoscopy  
Complete Blood Count  
Cystoscopy  
Echocardiogram

Electrocardiogram  
Electroencephalogram  
Endoscopy  
Fasting Blood Glucose Test  
Flexible Sigmoidoscopy  
Hemoccult Stool Analysis  
Mammography  
Pap Smear  
PSA (blood test for prostate cancer)  
Serum Cholesterol Test to determine level of HDL and LDL  
Serum Protein Electrophoresis (blood test for myeloma)  
Thermography

All eligible dependent children are counted as one Covered Person for the purposes of this Rider.

- (3) **LIMITATIONS AND EXCLUSIONS** - Benefits under the Rider are not payable until the Rider has been in force for a continuous period of twelve (12) months. Benefits are not payable for examinations or tests for which no charge is normally made in the absence of insurance.
- (4) **PREMIUMS** - Premiums are subject to change in accordance with the terms of the Policy to which the Rider is attached.

**Premium Amount:** \$ \_\_\_\_\_ **Mode:** \_\_\_\_\_

- (5) **TERMINATION** - Benefits under the Rider will terminate for each Covered Person on their 65<sup>th</sup> birthday. The Rider will terminate on the earliest of the following events: (a) the date on which benefits have terminated for all Covered Persons based on their attaining age 65; (b) termination of the Policy to which it is attached; (c) Your failure to pay any premium due for the Rider; or (d) Your written request for termination.

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Product Name:	Health Screening Rider		
Project Name/Number:	/		

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	04/05/2011
<b>Comments:</b>		
<b>Attachment:</b>		
B 0212 HSR Flesch Cert.pdf		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> Application	Approved-Closed	04/05/2011
<b>Comments:</b>		
<b>Attachment:</b>		
AR B 0212 HSR Forms Use List.pdf		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> Health - Actuarial Justification	Approved-Closed	04/05/2011
<b>Comments:</b>		
<b>Attachment:</b>		
B 0212 HSR Act Memo TAP 03-14-2011.pdf		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> Outline of Coverage	Approved-Closed	04/05/2011
<b>Comments:</b>		
<b>Attachment:</b>		
B 0212 HSR OC.pdf		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> Statement of Variability	Approved-Closed	04/05/2011
<b>Comments:</b>		

<i>SERFF Tracking Number:</i>	<i>BFLI-127109197</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Health Screening Rider</i>		
<i>Project Name/Number:</i>	<i>/</i>		

**Attachment:**

B 0212 HSR Statement of Variability.pdf

# BANKERS FIDELITY LIFE INSURANCE COMPANY

4370 Peachtree Road, N.E., Atlanta, Georgia 30319  
(404) 266-5683

## FLESCH SCORE CERTIFICATION

B 0212 HSR – Health Screening Rider

Words: 496  
Sentences: 20

*Score: 45.5*

B 0212 HSR OC – Outline of Coverage

Words: 325  
Sentences: 10

*Score: 46.6*

I hereby certify that the Flesch reading case score of the above forms is as shown.



\_\_\_\_\_  
Jill M. Jones; FLMI, AIRC, FLHC, ACS, AIAA, ARA  
Director; Legal/Compliance

03-18-2011

\_\_\_\_\_  
Date

## **Health Screening Rider: B 0212 HSR**

### **FORMS USE LIST**

#### **Arkansas**

The Health Screening Rider may be issued with the following policies:

<b><u>Form Number</u></b>	<b><u>Description / Title</u></b>	<b><u>Approved by State</u></b>
B 20626 AR	Accident Expense Policy	09-09-2009
B 20626-1 AR	Accident Expense Policy	09-09-2009
B 8790-1	Accident Expense Policy	02-06-1991
B 8790-2	Accident Expense Policy	02-06-1991
B 9401	Cancer Expense Policy	10-04-1995
BFL 8710 (10-87)	Cancer Expense Policy	06-30-1988
B 8721	Disability Income Policy	05-31-2006
B 8722	Disability Income Policy	10-25-2006
B 20702	Disability Income Policy	10-15-2007

This Rider will be solicited on application form B 0093 AP2011, which is being submitted to the Department for prior review and approval under a separate SERFF filing.



## T. ALLEN PARK & ASSOCIATES, INC.

9441 LBJ FREEWAY, SUITE 102 DALLAS, TX 75243  
972-664-0272 Fax: 469-621-7385 tallenpark@aol.com

### BANKERS FIDELITY LIFE INSURANCE COMPANY

#### HEALTH SCREENING BENEFIT RIDER FORM B 0212 HSR Actuarial Memorandum

The following exhibits are hereby submitted on behalf of Bankers Fidelity Life Insurance Company of Atlanta, GA (NAIC # 61239) and include rates, actuarial assumptions and benefit descriptions. This memorandum has been prepared for the purpose of demonstrating the anticipated loss ratio of this product and may not be appropriate for other purposes.

**1. Scope and Purpose:** This is a new benefit. The rates are for new business.

**2. Benefit Description:** We will pay the actual charges up to the Calendar Year Maximum purchased if a covered person named in the Policy Schedule undergoes any of the following examinations listed below. Service must be under the supervision of, or recommended by, a Physician and received while Your Policy and this Rider are in force. A charge must be incurred. This benefit is payable for each Covered Person and is payable after the policy has been in force for twelve months from the policy effective date. Only one of these riders may be in force on any insured at one time. All eligible dependent children are counted as one Covered Person.

- Blood Test for Triglycerides
- Bone Marrow Testing
- Breast Ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Cardiac Stress Test
- Chest X-ray
- Colonoscopy
- Complete Blood Count
- Cystoscopy
- Echocardiogram
- Electrocardiogram
- Electroencephalogram
- Endoscopy
- Fasting Blood Glucose Test
- Flexible Sigmoidoscopy
- Hemoccult Stool Analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum Cholesterol Test to Determine Level of HDL and LDL
- Serum Protein Electrophoresis (blood test for myeloma)
- Thermography

**3. Renewability Clause:** Guaranteed renewable to age 65.

**4. Applicability:** This is a new benefit. There are no insureds in force at this time.

**5. Morbidity:** It was assumed that the package would be used with a frequency of .24 of the maximum benefit.

**6. Mortality:** 1980 CSO Table

**7.Persistency, Expenses & Risk Margin:**

All Plans/All Ages	PY 1	PY 2-5	PY 6-10	PY 11+
Lapse Rates (incl. mortality) all ages	33.3%	17.0%	13.0%	5.0%
Commissions*	65.0%	15.0%	12.0%	5.0%
General Expenses: Percent of Premium	30.0%	5.0%	5.0%	5.0%
Premium Tax	3.0%	3.0%	3.0%	3.0%
Interest Rate	4.0%	4.0%	4.0%	4.0%

\*Renewal commissions are based on originally issued premiums.

**8. Marketing:** The products are marketed to individuals through independent agents, generally at the worksite on payroll deduction plans, using an application with minimal health questions.

**9. Underwriting:** Pre-existing conditions are covered after twelve months from the effective date of coverage.

**10. Premium Classes and Distributions:** Issue Ages: 18 to 64. There are no area factors by state. Expected average age of insureds at issue is 43. Expected distribution by sex is 40% male/60% female.

**11. Estimated Annualized Ave. Premium:** \$ 76.50 per unit

Average monthly premium per unit =  $[\.60 \times \$4.50 + .25 \times \$9.00 + .10 \times \$8.00 + .05 \times \$12.50] = \$6.38$

**12. Premium Mode Rules:** Monthly mode only.

**13. Claim Liability:** Method used to calculate such reserve is claim run-off factors.

**14. Active Life Reserves:** None

**15. Trend Assumptions:** None

**16. Anticipated Loss Ratios:** Premium rates are expected to produce a loss ratio of 50.0% over the lifetime of the issued benefits.

**17. Experience:** This is a new benefit. There is no experience history.

**18. History of Rate Adjustments:** This is a new benefit. There have been no rate adjustments.

**19. Policyholders:** This is a new benefit. There are no insureds in force at this time.

**20. Rate Increase Effective Date:** This is a new benefit.

**21. Actuarial Certification:** I certify that, to the best of my knowledge and judgment: (1) the assumptions present our best judgment as to the expected value for each assumption and are consistent with the issuer's business plan at the time of this filing; (2) the filing complies with Actuarial Standard of Practice #8; (3) the filing is in compliance with applicable laws and regulations of this state and the rules of the Department of Insurance; and (4) the premiums charged for the benefits provided are adequate.

March 14, 2011

Date

T. Allen Park, FSA, MAAA  
Consulting Actuary

**BANKERS FIDELITY LIFE INSURANCE COMPANY**  
**HEALTH SCREENING BENEFIT RIDER FORM B 0212 HSR**

**Monthly Premiums**

For Each \$100 Calendar Year Maximum Benefit

<u>Employee</u>	<u>Spouse</u>	<u>Children</u>
\$ 4.50	\$ 4.50	\$ 3.50

**Retain  
This  
Outline  
for Your  
Records**

**BANKERS FIDELITY LIFE INSURANCE COMPANY**  
4370 Peachtree Road, NE, Atlanta, Georgia 30319 404-266-5600 800-241-1439

**OUTLINE OF COVERAGE – OPTIONAL RIDER**  
**Health Screening Rider – Form B 0212 HSR**

- (1) **READ YOUR POLICY CAREFULLY** - This Outline of Coverage provides a very brief description of the important features of the optional Health Screening Rider. This is not the insurance contract and only the actual policy provisions, along with those in the Rider, will control. The policy itself sets forth in details the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

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- (2) **BENEFITS** - After the Rider has been in force for a continuous period of 12 months, We will pay the actual charges up to the Calendar Year Maximum Benefit for each Covered Person, when the Covered Person is given any of the following examinations and tests, which has been recommended by or performed under the supervision of a Physician:

**Calendar Year Maximum Benefit Applied For (check one only):** ☐ \$100 ☐ \$200

Blood Test for Triglycerides  
Bone Marrow Testing  
Breast Ultrasound  
CA 15-3 (blood test for breast cancer)  
CA 125 (blood test for ovarian cancer)  
Cardiac Stress Test  
CEA (blood test for colon cancer)  
Chest X-ray  
Colonoscopy  
Complete Blood Count  
Cystoscopy  
Echocardiogram

Electrocardiogram  
Electroencephalogram  
Endoscopy  
Fasting Blood Glucose Test  
Flexible Sigmoidoscopy  
Hemoccult Stool Analysis  
Mammography  
Pap Smear  
PSA (blood test for prostate cancer)  
Serum Cholesterol Test to determine level of HDL and LDL  
Serum Protein Electrophoresis (blood test for myeloma)  
Thermography

All eligible dependent children are counted as one Covered Person for the purposes of this Rider.

- (3) **LIMITATIONS AND EXCLUSIONS** - Benefits under the Rider are not payable until the Rider has been in force for a continuous period of twelve (12) months. Benefits are not payable for examinations or tests for which no charge is normally made in the absence of insurance.
- (4) **PREMIUMS** - Premiums are subject to change in accordance with the terms of the Policy to which the Rider is attached.

**Premium Amount:** \$ \_\_\_\_\_ **Mode:** \_\_\_\_\_

- (5) **TERMINATION** - Benefits under the Rider will terminate for each Covered Person on their 65<sup>th</sup> birthday. The Rider will terminate on the earliest of the following events: (a) the date on which benefits have terminated for all Covered Persons based on their attaining age 65; (b) termination of the Policy to which it is attached; (c) Your failure to pay any premium due for the Rider; or (d) Your written request for termination.

**Health Screening Rider – B 0212 HSR**

**STATEMENT OF VARIABILITY**

<b><u>Item</u></b>	<b><u>Page #</u></b>	<b><u>Description of Variability</u></b>
Calendar Year Maximum Benefit	1	Benefit Amount issued to Insured